REFUSE TO PAY LETTER

| THE CBE GROUP INC. |
|---|
| 131 Tower PARK, Suite 100 |
| Collection Agency's Address P.O.BOX, 2547 WATERLOO, IA 50704-2547 |
| |

CERTIFIED MAIL RETURN RECEIPT REQUESTED

1005 3110 0000 4788 3278

December 1st 2006

Dear Sir or Madam:

I have enclosed a copy of the last collection letter that you sent to me.

In this regard, please be advised that I dispute this debt and refuse to pay.

PLEASE MARK YOUR FILES ACCORDINGLY.

Trusting in your good offices, I remain . . .

Very Truly Yours,

Sign your name here

EVELINE H. ROSENBERRY

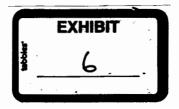
Print your name here

150 FAIR MONT AVE, Apt. #3

Print your address here

MOUNTAINVIEW, CA 94041

| 788 3278 | U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com | | | |
|----------|--|---------------|---------------|----|
| ± | Postage | s | S J 3 7 78 | |
| 0000 | Certified Fee | \$ | E 7 707 | A |
| 110 OCT | Return Receipt Fee (Endorsement Required) | -02 8 | Postmark Here | |
| | Restricted Delivery Fee (Endorsement Required) | \$ 9.0 | | ,4 |
| E E | Total Postage & Fees | \$ | 4 12/01/2004 | |
| 2007 | Sept To BE GROUP INC. Street, Apt. No.; or PO Box No. /3/ TOWER PARK SWIE 100 City, State, ZIP-4 WATERLOO, IA 50704-2547 PS Form 3800. June 2002 See Reverse for Instructions | | | |





Document 3-7

Filed 11/27/2007

Page 2 of 2

CALL:

866-239-6098

Creditor:

Citibank

Hours of Operation:

9:00 a.m.- 5:00 p.m. CT Monday-Friday

Your Account Number: 205826365
Total Amount Due: \$2,254.80

11/17/06

11/17/06

Dear EVELINE ROSENBERRY:

This account has been forwarded to our office by Citicorp Credit Services, Inc. (USA) regarding your SHELL OIL account.

Only you can decide if you would like to take advantage of the payment options below to pay this debt:

Pay by AUTOPAY Check (Please call our office at 866-239-6098)

- SEND YOUR CHECK OR MONEY ORDER payable to "Citicorp Credit Services Inc. (USA)" (Insert in enclosed envelope with bottom of this letter)
- Pay by check ON-LINE at www.paycbe.com (Secure Internet Access)

Unless you notify this office within thirty (30) days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within thirty (30) days from receiving this notice, that you dispute the validity of this debt or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within thirty (30) days after receiving this notice, this office will provide you with the name and address of the original creditor if different from the current creditor. This is an attempt to collect a debt; any information obtained will be used for that purpose. This communication is irom a debt collector.

Para información en español por favor llame al número (888)499-4914.

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or http://www.ftc.gov/.

Please call our office with change of address information.

(QESP)40:T072:020803:001:1000: W 1018373 PLEASE DETACH AND RETURN WITH ENCLOSED ENVELOPE

CBEG0175

008576802-22-013022 131 TOWER PARK, SUITE 100 P.O. BOX 2547 WATERLOO, IA 50704-2547 CHANGE SERVICE REQUESTED

ACCOUNT #: DATE: PLEASE PAY THIS AMOUNT: 205826365 11/17/06 \$2,254.80

AMOUNT ENCLOSED:

11/17/06

0175

CS Number:

01-008576802

Your e-mail address

#BWNHTGJ #01 0085768025#

 CITICORP CREDIT SERVICES, INC. (USA)
PAYMENT PROCESSING CENTER
BOX 3136
MILWAUKEE, WI 53201-3136